

ABSTRACT :

BACKGROUND & OBJECTIVE : DM IS THE MOST COMMON CAUSE OF BLINDLES , ESRD DUE TO HEMODIALYSIS AND RENAL TRANS PLANTATION AND AMPUTATION IN THE WORLD . BECAUSE OF THESE . IT IS NESSESARY THAT TO FIND A WAY FOR PROTECTION DM COMPLICATION SPECIALLY DIABETIC KIDNEY DISEASE OR DIABETIC NEPHROPATHY . US IS RAPID . NONINVASIVE AND REAL TIME IMAGINGDEVICE THAT IT CAN BE VERY USEFUL TO IDENTIFY URINARY SYSTEM INVOLVMENT AT TIME . THIS STUDY WAS PERFORMED TO FIND THAT IS US U SEFUL TO IDENTIFY URINARY SYSTEM INVOLVMENT AND COMPARE US FINDIGS WITH LAB FINDINGS .

METHODS : IN THIS STUDY 61 DM CASES SELECTED AMOUNG WHOM REFERED BOOALI DIABETIC CLINIC , USING RANDOM SAMP LING METHOD . AND WE FALL QUESTIONARY FORM FACE TO FA CE ABOUT HISTORY , LAB FIDINGS AND US FINDINGS . THEN W E COLLECTED THIS DATA AND CODING IT AND INSERTED TO SP SS COMPUTERIZE PROGRAM AND ANALYSED THE RESULTS BY STATISTICAL ANALYSE .

RESULTS : THE FINDINGS OF THIS STUDY SHOWED THAT % 6 5.5 WERE WOMEN , %37.7 WERE BETWEEN 50-59 YEARS OLD , %83.6 HAD MORE THAN 40 YEARS OLD , %85.2 WERE DM II , %45.2 HAD DM DISEASE MORE 10 YEARS , %91.8 HAD DM DISEASE COMPLICATION , %85.2 HAD ABNORMAL FBS AND %27.9-22.8 HIGH ABNORMAL BUN-CR , %55.8 HAD PROTEINURIA AND THE MAIN RESULT: US FINDING RESULTS : %8.2 HAD HYDRONEPHROSIS , %6.6 HAD RIGID KIDNEY BO RDER KIDNEY SIZE : %78.7 NORMAL KIDNEY SIZE, %8.2 NEPHROMEALY , %13.2 LOW KIDNEY SIZE , %45.9 HAD INCREASED PARANCHIMAL ECHOGENISTY AND %16.4 KIDNEY PARANCHIMAL THICKENING .BLADDER FINDING RESULT:%55.7 HAD THIKENING OF BLADDER WALL , %14.8 URINE RESIDUE IN BLADDER AND SIGNIFICANT RELATIONSHIP BETWEEN BUN AND PARANCHIMAL ECHOGENISITY OF KIDNEYS .

KEY WORDS : ULTRASONOGRAPHY , DIABETIC NEPHROPATHY , DIABETIC BLADDER